

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
 IN THE UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

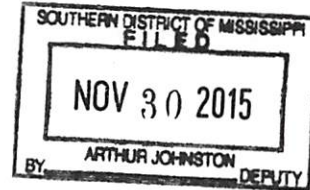
COMPLAINT

Williams R3773
 (Last Name) (Identification Number)

Randy C.
 (First Name) (Middle Name)

S.M.C.I.
 (Institution)

P.O. Box 1414, Leakesville, MS, 39451
 (Address)
 (Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)



CIVIL ACTION NUMBER:

1:15cv394 HSO-JCG
 (to be completed by the Court)

V.

S.M.C.I. Superintendent Jacques W Banks

Superintendent Ron King

Warden Davis. Warden Morris

Warden of security Theresa Seabrooks
 (Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes (☒) No (☐)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: Warden Vince Horton. et. AL. G.E.O. Group INC. et. AL.
Doris McDonald. ET. AL.

2. Court (if federal court, name the district; if state court, name the county): U.S. District Court For
the southern district of Mississippi

3. Docket Number: 4:13-cv-10-DPJ-FRB. 1:14-cv-57-LG-JMR. 3:13-cv994-FI

4. Name of judge to whom case was assigned: John C. Gargiulo Linda R. Anderson F. Keith Ball

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): I settled out on two of them and asked for the other to be dismissed.
and one pending

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Randy C. Williams Prisoner Number: R3372
 Address: S.M.C.I.
P.O. Box 1419
Leakesville, MS. 39451

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: MS. BANKS, MR. DAVIS, MS. SEABROOKS MR. KING MR. M is employed as
Superintendent's Warden at S.M.C.I. C.M.C.F.
M.S.P.

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Randy C. Williams R3372 ADDRESS: S.M.C.I. P.O. Box 1419. Leakesville, MS. 39451

DEFENDANT(S):

NAME:	ADDRESS:
<u>S.M.C.I. Superintendent Jacquelyn Banks</u>	<u>S.M.C.I. P.O. Box 1419 Leakesville, MS. 39451</u>
<u>Superintendent Ron King</u>	<u>C.M.C.F. P.O. Box 88550. Pearl, MS. 39208</u>
<u>Warden Davis</u>	<u>S.M.C.I. P.O. Box 1419 Leakesville, MS. 39451</u>
<u>Warden Morris</u>	<u>M.S.P. Unit #29, Parchman, MS. 38738</u>
<u>Warden of Security Theresa Seabrooks</u>	<u>S.M.C.I. P.O. Box 1419 Leakesville, MS. 39451</u>

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
Yes (☒) No (☐)
- B. Are you presently incarcerated for a parole or probation violation?
Yes (☐) No (☒)
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☒) No (☐)
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☒) No (☐)
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?
Yes (☒) No (☐), if so, state the results of the procedure: _____

- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?
Yes (☐) No (☐)
 2. State how your claims were presented (written request, verbal request, request for forms): _____

 3. State the date your claims were presented: _____
 4. State the result of the procedure: _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

ON 7-26-15 I WAS STABBED MULTIPLE OF TIME'S AND HAD TO BE RUSH TO THE HOSPITAL BY HELICOPTER. I WAS STABBED IN THE BACK OF THE HEAD AND TWO TIME'S IN THE RIGHT ARM. I ALSO WENT INTO MULTIPLE SEIZURE WHEN THE INMATE STABBED ME. THE SUPERINTENDENT AND THE WARDEN OF SECURITY AND THE HEAD WARDEN WAS FULLY AWARE THAT THE INMATE THAT STABBED ME WAS DANGEROUS AND WAS A THREAT TO THE PROTECTIVE CUSTODY INMATE'S ON B-ZONE. DUE TO THE INMATE STABBING ANOTHER INMATE ON 7-25-15 ON THE PROTECTIVE CUSTODY ZONE (A-ZONE), AND WHEN THE OFFICER'S MOVED HIM TO B-ZONE THE NEXT DAY 7-26-15 HE STABBED ME. THE DEFENDANT'S NEVER PLACE THE INMATE THAT STABBED ME ON 7-26-15. ~~FOR~~ ^{ON LOCK DOWN} FOR STABBING ANOTHER INMATE ON 7-25-15, THAT'S HOW HE STABBED ME ON 7-26-15.

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

750,000. Plaintiff Request that the defendant's Pay ~~200,000~~ dollar's for the Plaintiff INJURY'S AND PAIN AND SUFFERING, AND ALL COURT COST

Signed this 8 day of November, 20 15

Bondy C. Williams

Bondy C. Williams R3370

Signature of plaintiff, prisoner number and address of plaintiff S.M.C.I., P.O. Box 1419

Leakesville, MS. 39451

I declare under penalty of perjury that the foregoing is true and correct.

11/8/15
(Date)

Bondy C. Williams
Signature of plaintiff